STATE DEVELOPMENT

LITCHFIELD ELEMENTARY SCHOOL DISTRICT

272 East Sagebrush Street • Litchfield Park, Arizona 85340 • 623.535.6000 • Fax 623.935.1448 • www.lesd79.org

"A Stronger Mind for a Stronger Future"

2021-2022 FREE AND REDUCED PRICE MEAL APPLICATION

Dear Parent or Guardian:

Welcome to the 2021/2022 School Year. Please read the following information to familiarize yourself with a few Child Nutrition procedures. If you have questions, please call or email, the Food Services Office at (623) 535-6060 or food-nutrition@lesd.k12.az.us

Children need healthy meals to learn. Litchfield Elementary School District #79 will be offering healthy meals to all students at no cost every school day in School Year 2021-2022. Your child(ren) will receive one free Breakfast and one free Lunch meal every school day regardless of of your household's income.

The goal of the Litchfield Elementary School District's award-winning Food Services Department is to provide nutritious and appetizing meals for all students. We offer high-quality meals at school, so your child is prepared to achieve educational excellence. Thank you for partnering with us to ensure quality nutrition for your child.

Nutritional Quality

Lunch and breakfast menus meet the American Dietary Guidelines as specified by the National School Lunch and Breakfast Programs. Additionally, menus are analyzed to ensure that, when averaged over a week, meals comply with these nutritional standards.

Meal Benefits

Application Dates

If your child was approved for free or reduced meals during the 2020-2021 school year and you would like benefits to continue, you must re-apply by Tuesday, September 14th, 2021, to avoid interruption of benefits.

Offer vs. Serve Program

All District cafeterias operate under the "Offer vs. Serve" method. All students will be offered a full meal in accordance with USDA requirements, which consist of a Meat/Alternate, Grain, Vegetable, Fruit, and Fluid Milk. Students have the option to refuse some components provided at least ½ cup of fruit and or vegetable in addition to any two other components are chosen; however, meal prices remain the same. If a student refuses more meal components than allowed, then the student must pay a la carte prices for the selected items. All meals include one trip through the salad and fruit bar, which offer a large variety of fresh fruits, vegetables, and mixed salads daily. We strive to provide healthier choices for our students and offer low-fat, reduced sugar, reduced-sodium, whole grain-rich, and nutrient-dense products. Monthly menus are posted online and may be found at www.lesd79.org or on the TITAN Family Portal https://family.titank12.com, where you may also view the nutritional information.

Meal Prices for Students

For the 2021/2022 school year all students are eligible for one Breakfast and one Lunch meal at no cost every school day regardless of your household's income. Additional meals, entrees, sides, and a la carte are available for purchase, please refer to our menu and website for more information.

Meal Charges

All students have a meal account with an ID number. You may review your student's account balance and make payments to your student's account by visiting www.lesd79.org (Food Services Department, TITAN School Solutions link). Deposits by check, money order, or cash may be made before school. Pre-payments of any size are welcome. A \$5.00 fee will be charged for each nonsufficient

fund check that is returned by the bank and may result in checks no longer being accepted. Student's account balances, both negative and positive, rollover from the previous year. Students must have sufficient funds and or cash to purchase extra meals and a la carte items as they are not ablet to be charged.

Thank you,

Chef, Ronald L. Beck II, BS, SNS Director, Food Services Department

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

LITCHFIELD ELEMENTARY SCHOOL DISTRICT



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"A Stronger Mind for a Stronger Future"

Dear Parent/Guardian:

Children need healthy meals to learn. Litchfield Elementary School District #79 will be offering healthy meals to all students at no cost every school day in School Year 2021-2022. Your child(ren) will receive one free Breakfast and one free Lunch meal every school day regardless of your household's income. Additional Breakfast and Lunch Meals may be purchased please see our website and menu for information.

Families are still encouraged to submit a school meal application for free or reduced-price meal benefits because this information may be used for other programs, such as Pandemic-Electronic Benefit Transfer (P-EBT), Federal and State funding for your school, reduced registration fees for academic tests, free or discounted fees for athletic programs, discounted rates for internet service, and many more!

Your child(ren)'s school may be participating in programs that your child(ren) may benefit from if your child qualifies for free or reduced-price meals. Households must complete the attached Consent for Sharing form in order for your child's information to be shared with these programs. The Consent for Sharing form should be returned to the school with the submission of the school meal application.

This packet includes a school meal application for free or reduced-price meal benefits, application directions, and Consent for Sharing form. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?

- a. All children in households receiving benefits from SNAP, FDPIR (Food Distribution Program on Indian Reservations) or TANF, can get free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Fede	Federal Eligibility Income Chart for School Year 2021-2022					
Household Size	Yearly Income	Monthly Income	Weekly Income			
1	\$23,828	\$1,986	\$459			
2	\$32,227	\$2,686	\$620			
3	\$40,626	\$3,386	\$782			
4	\$49,025	\$4,086	\$943			
5	\$57,424	\$4,786	\$1,105			
6	\$65,823	\$5,486	\$1,266			
7	\$74,222	\$6,186	\$1,428			
8	\$82,621	\$6,886	\$1,589			
Each additional person:	+\$8,399	+\$700	+\$162			

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call the Litchfield Elementary School District #79 Homeless/Migrant Liaison at (623) 535-6051.

- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **The School Office or Cafeteria. You may mail the completed application to Litchfield Elementary School District #79, Food Services Department, 272 East Sagebrush Street, Litchfield Park, Arizona 85340.**
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact the Food Service Department at (623) 535-6060 immediately.
- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Please visit https://family.titank12.com to begin. OR to learn more about the online application process, contact the Food Services Department, 18921 West Thomas Road, Litchfield Park, Arizona 85340, Support Services Complex Building B, (623) 535-6060, food-nutrition@lesd.k12.az.us if you have any questions about the online application.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through Tuesday, September 14th, 2021. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will still receive one free Breakfast and one free Lunch meal each school day but may not continue to be eligible for the other programs that require a current application.
- 7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced-price meals. Please fill out an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Gina DeCoste, Executive Director of Programs and Instruction, 272 East Sagebrush Street, Litchfield Park, Arizona 85340, (623) 535-6000, decoste@lesd.k12.az.us.
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Food Service Department (623) 535-6060 food-nutrition@lesd.k12.az.us to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, please call (623) 535-6060 or email food-nutrition@lesd.k12.az.us.

Sincerely,

Chef, Ronald L. Beck II, BS, SNS Director, Food Services Department

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

INSTRUCTIONS FOR APPLYING

While school meals will be free to all students in School Year 2021-2022 regardless of your household's income, we encourage you to complete an application for free or reduced-price meal benefits. The information provided on the school meal application may be used for other programs, such as Pandemic-Electronic Benefit Transfer (P-EBT), Federal and State funding for your school, reduced registration fees for academic tests, free or discounted fees for athletic programs, discounted rates for internet service, and many more!

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in **Litchfield Elementary**School District #79. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **Food Services Department (623) 535-6060** food-nutrition@lesd.k12.az.us.

Please use a pen (not a pencil) when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, go to STEP 2.

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and go directly to STEP 4.

If No-Leave this section blank and go to STEP 3.

STEP 3- HOUSEHOLD INCOME INFORMATION

A. Child Income- Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the combined gross income for all children listed in STEP 1 in the box marked "Total Child Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children			
Type of Income	Examples		
Earnings from work	A child has a job where they earn a salary or wages.		
Social Security • Disability payments	A child is blind or disabled and receives Social Security benefits.		
Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.		
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.		
Income from any other source	A child receives income from a private pension fund, annuity or trust.		

B. Adult Household Members and Income- Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP1**. List one name per line, and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Income for Adults				
Earnings from Work	Public Assistance/	Pensions/Retirement/All Other		
	Alimony/Child Support	Income		
 Salary, wages, cash bonuses 	 Unemployment benefits 	Social Security (including		
Net income from self-	 Workers Compensation 	railroad retirement and black		
employment (farm or	 Supplemental Security 	lung benefits)		
business)	Income (SSI)	Private Pensions or disability		
	Cash Assistance from	Income from trusts or estates		
For military families:	State or local	Annuities		
Basic pay and cash bonuses	government	Investment Income		
(do not include combat pay,	Alimony payments	Earned Interest		
FSSA, or privatized housing	 Child support payments 	Rental Income		
allowances)	 Veteran's benefits 	Regular cash payments from		
Allowances for off-base	Strike benefits	outside household		
housing, food and clothing				

The back of this application provides the same Sources of Income charts.

C. Total number of household members and SSN.

Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Once the form is completed, it should be mailed, or delivered to Litchfield Elementary School District #79, Food Services Department at 272 East Sagebrush Street, Litchfield Park, Arizona 85340. You may also deliver it to your child(ren)'s school office or cafeteria.

OPTIONAL INFORMATION

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

Once the form is completed, it should be mailed, or delivered to your child(ren)'s school or Litchfield Elementary School District #79 Food Service 272 East Sagebrush Street, Litchfield Park, Arizona 85340

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint-filing-cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

Litchfield Elementary School District #79 2021-2022 Application for Free and Reduced Price School Meals 272 E. Sagebrush St., Litchfield Park, AZ 85340 (623) 535-6060 Complete one application per household. Please use a pen (not a pencil). List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper) STEP 1 Migrant, Runaway Child's Last Name School Name / Student ID # Child's First Name ΜI Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." apply Children in Foster care all that and children who meet the definition of Homeless, Check Migrant or Runaway are eligible for free meals. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Write only one case number in this space. STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.	Child GROSS income	How often? Weekly Bi-Weekly 2x Month Monthly	
Flip to the back of this application and review the charts titled "Sources	B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household I and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you en			

The "Sources of Income for Children" chart will help you with the Child Income Section.

of Income" for more information.

The "Sources of Income for Adults" chart will help vou with the Adult Household Members Income Section.

ort. How often? How often? How often?

Name of Adult Household Members (First and Last)	GROSS		Public Assistance/		Pensions/Retirement/	
	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthly
	\$	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$	\$	0000	\$	0 0 0 0
	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	0000
	\$	$\boxed{\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc}$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	0000
	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$
C. Total Household Members	last Four I	Digits of Social Security Num	nber (SSN) of			

Check if no SSN Primary Wage Earner or Other Adult Household Member (Children and Adults)

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in

also information, my different may tose mean benefits, a	Ind I may be prosecuted under applicable State and Federal laws."
Signature of adult completing the form	Today's date
Printed name of adult completing the form	Daytime Phone and Email (optional)
Street Address (if available)	Apt # City State Zip

OFFICE USE ONLY	□Error Prone
Eligibility: Free Reduced Denied	action Frome
Determining Official's Signature:	Date:
□Income Application Household Size:	of Disregard:
Total Income: Per: □Week □Bi-Weekly (Every 2 Weeks) □	2x Month □Monthly □Annual
☐ Selected For Verification: Confirming Official's Signature:	Date:
Follow-Up Official's Signature: Date:	

Return Completed Form to: The School Office or Cafeteria.

Sources of Income for Children			
Type of Income	Examples		
Earnings from work	A child has a job where they earn a salary or wages.		
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.		
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.		
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.		
Income from any other source	A child receives income from a private pension fund, annuity or trust.		

Sources of Income for Adults			
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)	
- Net income from self- employment (farm or business)	- Workers Compensation - Supplemental Security	- Private Pensions or disability	
If you are in the U.S. Military:	Income (SSI)	- Regular income from trusts or estates	
- Basic pay and cash bonuses (do not include combat pay,	- Cash Assistance from State or local	- Annuities	
FSSA, or privatized housing allowances)	government	- Investment Income	
-Allowances for off-base	- Alimony payments	- Earned Interest - Rental Income	
housing, food and clothing	- Child support payments - Veteran's benefits	Regular cash payments from outside	
	- Strike benefits	household	

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):	
☐ Hispanic or Latino	☐ Not Hispanic or Latino
Race (check one or more):	

Ethorialty (aleaaly ama).

,				
☐ American Indian or Alaskan Native	\square Asian	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander	\square White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.